Blue Cross and Blue Shield of New Mexico

IVR Helpful Hints and Tips

IVR – Interactive **V**oice **R**esponse is a voice-activated automated system simplifying the way you receive eligibility, benefits, or claim status information.

This system provides a user-friendly, timely, and efficient caller experience by responding to voice commands rather than touch-tone input. ****Many prompts still accommodate touch-tone entry.**

System Availability

Monday through Friday 5:00 a.m. to 10:30 p.m. MST
Saturday, 5:00 a.m. to 2:00 p.m. MST

Helpful Hints

- Speak clearly
- Minimize background noise in your area
- Avoid using speaker or cellular phone
- Interrupt – it's OK!
- Be prepared to document responses and confirmation number
- Feel free to complete multiple self-service requests for various products and groups during one call

Tips

- Speak numbers in single-digit format
  - For example, if your provider number is 61 – this should be spoken as "six one" versus "sixty-one"
- Omit preceding zeros
- Speak using correct numerical grammar
  - For example, if your provider number is 206, you should say "two zero six" versus two oh six"

Please see next page for information available for each type of inquiry

To receive information for *eligibility:*

You should answer these questions…..	To receive the following information……
What's the subscriber's ID? What's the patient's date of birth?	√ Current effective date √ Group number √ Alpha prefix √ If pre-existing applies for this date √ Patient's first and last name √ Type of coverage (i.e., PPO, HMO, etc) √ PCP name or PCP not on file, *if applicable* √ Inquiry confirmation number

To receive information for *benefits:*

You should answer these questions….	To receive the following information…..
What type of service?	√ Benefit information specific to your provider number √ If provision is/is not covered √ If pre-notification is/is not required √ If policy is contract/calendar year √ Percentage (%) of services payable, up to a specified dollar amount √ If visit max applies √ OPX limit per contract/calendar year √ Lifetime maximum √ Inquiry confirmation number

To receive information for *claims:*

You should answer these questions….	To receive the following information….
What's the subscriber's ID?	√ Total charges billed √ Amount paid

What's the date of birth? What's the date of service?	√ Payee and check number √ Process date – paid date √ Patient share amount applied to deductible and coinsurance √ *If adjusted,* date and payment amount √ *If not paid,* denial reason description
	If claim is in-process: √ Claim receipt date and claim number